Part C
Introduction

The following sections are divided into the clusters in which Part C reviewed as part of Indiana's self assessment. Each cluster is followed by the components and indicators, which apply to the cluster. Indicators from the current OSEP document as well as previous documents were utilized.

In Indiana's approach to determining the success of each component, the applicable indicators were reviewed. Conclusions and strategies were determined for each indicator. Once all indicators were satisfactorily addressed, conclusions were gathered to address the component statement. Strategies were then identified that would assist in strengthening the system.

In the development of conclusions for the component statement, the team pulled forward dominant conclusions from the indicators as well as developing additional conclusions. The same is true with the development of strategies, in that the dominant strategies moved forward to be included in the component strategies.

In order to validate the conclusions and strategies the lead agency utilize a steering committee comprised of stakeholders. This group reviewed the findings contained in the report and rated each component determining if the program is meeting expectations. Ratings of: Meets expectations, Exceeds expectations, and Below expectations was given to each component. A score sheet[1] listing the average scores for each component is attached.

Throughout the review of data, staff clearly identified main sources of documentation that are referenced throughout the report. Due to their significance, a brief summary of those materials is included along with attached samples. Other materials, reports or data may be requested individually.

Central Reimbursement Office (CRO) Data: Through data collected and generated at the Central Reimbursement Office (CRO) reports may be developed. Examples of data elements used in the development of reports are:
- Claims payment,
- Location of service,
- Provider type.

Central Reimbursement Office Provider Agreement[2]:   Each provider is required to sign a provider agreement which outlines the requirements of the provider to be knowledgeable and adhere to federal and state regulations. There are 3 separate agreements: Payee, provider and service coordinator.

Combined Enrollment Form[3]: Upon a child's enrollment in the early intervention program, the intake coordinator completes a combined enrollment form with the family. This enrollment form is utilized by First Steps, Medicaid (Hoosier Healthwise), Children's Special Health Care Services (CSHCS), and Maternal Child Health Programs. Enrollment forms may be forwarded to applicable programs to reduce the family's need to complete multiple application forms.

County Profile Report[4]: Based on data available through the Central Reimbursement Office and System Point of Entry data system, a report is developed for each of Indiana's 92 counties, as well as state-wide. Data is used in comparison to state and national averages as to measure against federal requirements.   Examples of information contained on the report are; Average days from referral to IFSP, numbers of children served, services provided, referral source.

Early Intervention Personnel Guide[5]: Indiana's early intervention personnel guide contains the entry level qualifications for service providers. The guide also contains the requirements in which each provider must adhere, relating to credentialing and continued education. Each provider is required to obtain an early intervention credential within 2 years of enrolling with the First Steps system. Credentials must be updated annually with continued education.

Individualized Family Service Plan (IFSP)[6]: Indiana's early intervention program has a standardized IFSP which is utilized throughout the state. The IFSP service as the guide to early intervention services.

Outcomes Evaluation Survey Forms[7]: In 2000, the lead agency began development of a series of outcomes at the child, family and community levels that the Part C system would be held accountable for in Indiana. Three outcomes at each level have been identified and indicators established for each outcome. Draft survey tools have been developed and are being piloted in four counties. Information will be taken at intake, during service delivery, and upon exiting the First Steps system.

Peer Quality Review/Monitoring[8]: Indiana is in its 3rd year of conducting quality review visits throughout the state. Monitoring visits are conducted by peer teams comprised of parents, providers, LPCC representation and SPOE personnel. The on-site visit assesses the operations of the LPCC, SPOE and local service delivery system. The team reviews early intervention records, clinical documentation, and planning activities. Interviews are conducted with parents, providers, and LPCC representatives. Each visits results in a written report outlining the findings of the visit and recommendations to strengthen the system. An action plan is required to incorporate suggestions and strategies to strengthen the system at the local level.

Request for Funds (RFF) application[9]: Each of Indiana's 92 counties has a local planning and coordinating council (LPCC) that is responsible to coordinate a local early intervention system that meets the needs of the community. Funding to support the functions of the LPCC are made available through a grant process in which each council submits a Request for Funds (RFF) application that outlines the local action plan. The RFF application is made available by the lead agency and contains outcomes to be achieved in the area of:

- Public Awareness and Child find,
- Rights and Procedural Safeguards/Information and Services,
- Provider Recruitment,
- Memorandum of Understandings/Transitions,
- Council Development

Each System Point of Entry (SPOE) submits an RFF application, which includes outcomes to support continued communication with the LPCC, roles, responsibilities, and fiscal accountability.

State Profile Report[10]: Based on data available through the Central Reimbursement Office and System Point of Entry data system, a report is developed which provides state-wide data. Examples of information contained on the report are; Average days from referral to IFSP, numbers of children served, services provided, referral source.

System Point of Entry (SPOE) Data: Through data entry at the system point of entry (SPOE) numerous elements are entered into the local SPOE computer which is then downloaded to the Central Reimbursement Office (CRO). Data entry at the SPOE allows for local and state statistics and reports to be developed. Specific elements that are prominent in the development of reports are:

- Date of: referral, intake, eligibility, and IFSP,
- Service: location, type, intensity, frequency, and provider,
- Family information to include: Names, relationships, income, address, phone,
- Child Information: Race, diagnosis, primary care physician, eligibility category